

### COUNTY OF LOS ANGELES DEPARTMENT OF AUDITOR-CONTROLLER

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ASST. AUDITOR-CONTROLLERS

ROBERT A. DAVIS JOHN NAIMO JAMES L. SCHNEIDERMAN JUDI E. THOMAS

September 14, 2011

TO:

All Department Heads ) end J. Wotante

FROM:

SUBJECT:

ANNUAL REPORTING REQUIREMENTS FOR FOUNDATIONS AND

SUPPORT GROUPS

On January 4, 1994, the Board of Supervisors adopted requirements governing departments' relationships with foundations and support groups. The adopted procedures, which were incorporated into the County Fiscal Manual, define the types of organizations that qualify as "reportable foundations," and require departments to monitor, account for, and report on their relationships with reportable foundations. These procedures also require departments to file an annual benefit/cost report with the Board of Supervisors and the Auditor-Controller on each reportable foundation.

Attached is the ANNUAL REPORTING FORM FOR FOUNDATION ACTIVITIES. The website also be found on the Auditor-Controller's internet form can (http://file.lacounty.gov/auditor/portal/cms1 163297.doc). As specified in County Fiscal Manual Section 16.1.3.7, the form requires departments to report general information on foundation activities, the amount of County support provided to the foundation, and the tangible and intangible benefits provided by the foundation. Departments are also required to report all cases where department employees serve as officers of an affiliated foundation, or are on the foundation's board of directors. Finally, the department head must affirm/certify that each of the department's foundation affiliations continues to be in the best interest of the County.

It is very important that departments specifically identify and, where possible, quantify intangible benefits provided by each foundation. In past years, many departments have not identified the intangible benefits provided to the Department by foundations. In many cases, the value of the support (e.g., staff salaries, etc.) provided by the County to a foundation far exceeds the tangible benefits provided by the foundation. Even if it appears obvious what the intangible benefits are, it is important to document and, where All Department Heads September 14, 2011 Page 2

possible, quantify the intangible benefits to show the true value of continuing the relationship with the foundation.

The attached form should be completed and submitted to my office for each affiliated reportable foundation by November 30, 2011. As indicated in the County Fiscal Manual, departments affiliated with multiple small neighborhood groups supporting specific facilities or activities (e.g., small informal local groups that support particular parks, local libraries or youth activities, such as boys or girls clubs) may submit a single combined report for these types of support groups. The combined report should list each informal group, and provide a summary of the requested information for all of the informal groups in total.

Departments that do not have any affiliations with reportable foundations must also sign and submit the attached Certification. We will provide the Board with information on specific foundations at their request. The completed annual reporting forms should be submitted to the Board of Supervisors and the Auditor-Controller at these addresses:

#### **Board of Supervisors**

#### Sachi Hamai Executive Officer, Board of Supervisors 500 West Temple Street, Room 383 Los Angeles, CA 90012-2766 Attention: Foundation Report

#### Auditor-controller

Wendy L. Watanabe Auditor-Controller 500 West Temple Street, Room 525 Los Angeles, CA 90012-2766 Attention: Don Nguyen, Audit Division

Departments may also email the signed Board of Supervisor's copy to <a href="mailto:boscustomerservicecenter@bos.lacounty.gov">boscustomerservicecenter@bos.lacounty.gov</a>, and the signed Auditor-Controller's copy to <a href="mailto:dtnguyen@auditor.lacounty.gov">dtnguyen@auditor.lacounty.gov</a> in a PDF format. If you have any questions, please contact Don Nguyen at (213) 253-0137.

WLW:JLS:RGC:MWM

### Attachment

c: Chief Deputies
Administrative Deputies
Audit Committee

# COUNTY OF LOS ANGELES AUDITOR-CONTROLLER

### ANNUAL REPORTING FORM FOR FOUNDATION ACTIVITIES

### **REPORTING PERIOD - FY 2010-2011**

Dep	partment			
Dep	Departmental Contact: Email and Telephone Number:			
C	Certification			
181	hereby affirm/certify, to the best of my knowledge and belief, the foregoing information provided on this annual reporting form is true and accurate:			
	The Department is not affiliated with any reportable foundations(s)			
	The Department's affiliation with the following named foundation, guild, auxiliary or other support organization continues to be in the best interests of the County. (Please complete and include the foundation information below.)			
	Department Head Signature			
	Date			
Fou	undation Information			
1.	Foundation:			
2.	Date Foundation Chartered/Incorporated			
	Has the organization filed for and received California tax exempt status?			
	Yes No No			

## FOUNDATION ANNUAL REPORT PAGE 2 OF 7

Foundations policy making or its adminembers of the Board of Directors or Yes   If yes, list the names and position ame  the involvement in Foundation activities and with County Counsel and appropriate Yes   Department employees were involved.	No 🗌						
Foundations policy making or its adminembers of the Board of Directors or Yes   If yes, list the names and position ame  the involvement in Foundation activities and with County Counsel and appropriate Yes   Department employees were involved.	nistration and operations (e.g., by servir officers of the Foundation)?  No   s of the employees below.						
Foundations policy making or its adminembers of the Board of Directors or Yes   If yes, list the names and position ame  the involvement in Foundation activities and with County Counsel and appropriate Yes   Department employees were involved.	nistration and operations (e.g., by servir officers of the Foundation)?  No   s of the employees below.						
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If yes, list the names and position  ame  the involvement in Foundation activities and with County Counsel and appropriate Yes   Department employees were involved.	s of the employees below.						
ame  sthe involvement in Foundation activicussed with County Counsel and appropriate Yes   Department employees were involved							
the involvement in Foundation activicussed with County Counsel and appropriate Testing	<u>Position</u>						
cussed with County Counsel and approximately Yes   Department employees were involved							
cussed with County Counsel and approximately Yes   Department employees were involved							
cussed with County Counsel and approximately Yes   Department employees were involved	-						
cussed with County Counsel and approximately Yes   Department employees were involved	on of the above named employees bec						
Department employees were involved	Has the involvement in Foundation activities of the above-named employees bee discussed with County Counsel and approved by the Board of Supervisors?						
,	No 🗌						
,							
• • • • • • • • • • • • • • • • • • • •	in the activities and operations of the entage of time, the number of employed						
ercentage of Time Spent Num	s spent on Foundation activities during th						

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	100 %		\$	<u> </u>
	75 % to less than 100 %			
	50 % to less than 75 %			
	25 % to less than 50 %			
	less than 25 %			
	Totals (include total salaries in 6d.	below)	:	\$
S.	Total estimated value of support prothe reporting period.	ovided by the I		
	Type of Support			Value of Support  od to the Foundation
	a. Office space		\$	
	b. Utilities			
	c. Supplies			
	d. Staff/personnel (salaries and benefits, including the total from #5 above)			
	e. Travel/transportation			
	f. Other (describe)			
	Total		\$	

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7.	Were any County revenues from activities ( transferred or otherwise provided to the Foundation				
	Yes	No 🗌			
	If yes, describe the type (source) of reverevenues transferred to the Foundation. (The category of revenue, e.g., the percent of general source)	he percent is	s the p	ercent of t	
	Ε	Oollar Amou of Tot			nd Percent ansferred
	Type of Revenue		<u>Amou</u>	<u>ınt</u>	<u>Percentage</u>
	General admission fees		\$		%
	Special events admission fees			······································	%
	Revenues from other activities (e.g., concession sales); describe the other activities.				%
	Total		\$		
8.	Does the Department provide oversight services (i.e., support provided to the Depa				s activities,
	Foundation activities	Yes		No 🗌	
	Foundation services (Support provided to Dept.)	Yes		No 🗌	
	Financial matters	Yes		No 🗌	

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9. Type and value of tangible support provided by the Foundation to the Department during the reporting period.				
	Type of Support (See Note below	w)	Value of Support <u>Received</u>	
	Contributions:			
	Monetary Additional compensation for County employees	\$		
	Supplies/medicines			
	Equipment/facilities			
	Travel/transportation			
	Other (describe):			
		<del></del>		
	Total	\$		
	Note: Tangible contributions, foundations donate to considered donations documented (dates, variety procedures in the Coun	the dep and m /alue, e	artment or the departust be budgeted, att.) in accordance	rtment's clients, are accounted for and with the donation
10.	Does the Foundation provide in goodwill, etc.) to the Departmen	~	•	g., volunteer hours,
	Yes		No 🗌	

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11.	If the answer to 10 is yes, list the type and number of units (vintangible benefits/services provided by the Foundation to the reporting period. (See Note below.)  Description of Benefits/Services	olunteer hours, etc.) of he Department during  Type & Number  of Units
	Note: It is very important that intangible benefits be identified the true value of continuing the relationship with the hours, etc., must be listed in this section. They are and included in 9 above.	foundation. Volunteer
12. 13.	Foundation operating budget. \$  Attach Foundation's Form 199 (Exempt Organization Annual Statement)	I Information Return or
	Statement).  Attached Not Attached	ed
	If Form 199 is not attached, please explain why:	

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14.	Attach a list of foundation assets (cash, etc.).
	Attached Not Attached
	If a list of assets is not attached, please explain why:
15.	List any observations on areas where the Foundation may be able to improve the manner in which it operates. For example:
	In its relationship with the Department.
	2. In its relationship with the clients it serves.